

Healthcare Records Transfer Application

Date: [Insert Date]

[Sender's Name]

[Sender's Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Recipient's Name]

[Recipient's Hospital/Clinic Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the transfer of my healthcare records from [Current Healthcare Provider's Name] to [New Healthcare Provider's Name] due to [reason for transfer, e.g., change of residence, change of doctor, etc.].

Please transfer all relevant medical records, including but not limited to:

- Medical history
- Treatment records
- Lab results
- Medications

My details are as follows:

Name: [Patient's Name]

Date of Birth: [Patient's Date of Birth]

Patient ID: [Patient ID or Social Security Number]

If you require any further information or documentation to carry out this request, please do not hesitate to contact me at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Sender's Name]